



**Executive Board
of the
United Nations
Development Programme
and of the
United Nations
Population Fund**

Distr.
GENERAL

DP/FPA/CP/187
31 December 1996

ORIGINAL: English

Second regular session 1997
10 - 14 March 1997, New York
Item 5 of the provisional agenda
UNFPA

**UNITED NATIONS POPULATION FUND
PROPOSED PROJECTS AND PROGRAMMES**

Recommendation by the Executive Director
Assistance to the Government of Burkina Faso

Proposed UNFPA assistance: \$10.3 million, \$8.8 million from regular resources and \$1.5 million from multi-bilateral and/or other, including regular, resources

Programme period: 4 years (1997-2000)

Cycle of assistance: Fourth

Category per decision 96/15: A

Proposed assistance by core programme areas (in millions of \$):

	Regular resources	Other	Total
Reproductive health	6.1	1	7.1
Population & development strategies	1.7	.5	2.2
Advocacy	1.0	-	1.0
Total	8.8	1.5	10.3

/...

BURKINA FASO

INDICATORS RELATED TO ICPD GOALS*

		Thresholds*
Births attended by health professional (%) ¹	42.0	≥ 60
Contraceptive prevalence rate (15-44) (%) ²	8.0	≥ 55
Access to basic health services (%) ³	49.0	≥ 60
Infant mortality rate (/1000) ⁴	130.0	≤ 50
Maternal mortality rate (/100,000) ⁵	810.0	≤ 100
Gross female enrolment rate at primary level (%) ⁶	20.4	≥ 75
Adult female literacy rate(%) ⁷	8.0	≥ 50

* AS CONTAINED IN DOCUMENT DP/FPA/1996/15 AND APPROVED BY THE EXECUTIVE BOARD IN DECISION 96/15.

¹ WHO, *Coverage of Maternal Care*, 3rd ed., 1993. Data cover the period 1983-1993.

² United Nations Population Division, *World Contraceptive Use 1994*, ST/ESA/SER.A/143. Data cover the period 1986-1993.

³ UNICEF, *The State of the World's Children, 1995*. Data cover the period 1985-1993.

⁴ United Nations Population Division, *World Population Prospects Database 1950-2050, 1994 Revision*. Data are for 1992.

⁵ UNICEF, *The State of the World's Children 1995*, which is based on data compiled by WHO. Data cover the period 1980-1992.

⁶ United Nations Statistical Division, *Women's Indicators and Statistics Database, Version 3 (CD-ROM)*, 1994, which is based on data compiled by UNESCO.

⁷ UNESCO, *Education for All - Status and Trends, 1994*.

Demographic Facts

Population (000) in 1995	10,319	Annual population growth rate (%)	2.5
Population in year 2000 (000)	11,708	Urban	8.9
Sex ratio (/100 females)	98.2	Rural	-0.5
Per cent urban	27.2	Crude birth rate (/1000)	44.2
Age distribution (%)		Crude death rate (/1000)	18.0
Ages 0-14	44.9	Net migration rate (/1000)	-1.0
Youth (15-24)	18.5	Total fertility rate (woman)	6.06
Ages 60+	5.0	Life expectancy at birth (years)	
Percentage of women aged 15-49	44.4	Males	45.3
Median age (years)	17.6	Females	48.1
Population density (/sq. km.)	38	Both sexes	46.7
		GNP per capita (U.S. dollars, 1994)	300

Sources: Data are from the Population Division, Department of Economic and Social Information and Policy Analysis (DESIPA) of the United Nations, *World Population Prospects: the 1994 Revision*; Annual population growth, including urban and rural data are from DESIPA, *World Urbanization Prospects: the 1994 Revision*. GNP per capita is from UNDP. Two dashes (—) indicate that data are not available.

1. The United Nations Population Fund (UNFPA) proposes to support a population programme over the period of 1997-2000 to assist the Government of Burkina Faso in achieving its population and development objectives. UNFPA proposes to fund the programme in the amount of \$10.3 million, \$8.8 million of which would be programmed from UNFPA regular resources to the extent such resources are available. UNFPA would seek to provide the balance of \$1.5 million from multi-bilateral and/or other, including regular, resources to the extent possible, consistent with Executive Board decision 96/15 on the allocation of UNFPA resources. This would be UNFPA's fourth cycle of assistance to Burkina Faso.

2. The proposed programme was prepared in close collaboration with national authorities, non-governmental organizations (NGOs) and the donors active in the country. It takes into account the Government's priorities, the recommendations of the multisectoral programme review and strategy development (PRSD) exercise, the strategies proposed in the Country Strategy Note and the programmes of other donors in the population field. It is harmonized with the programming cycles of the Government and UNICEF.

3. Burkina Faso is a category "A" country under the Fund's new system of resource allocation. The programme's long-term objective is to help the Government reach a balance between population, resources and environment, in order to achieve its goals of sustainable human development. The programme promotes gender equity and equality and aims to improve the overall status of women. While contributing toward the achievement of the broad and long-term national objectives, the proposed programme will focus on capacity-building and on strengthening and increasing the accessibility and quality of Safe Motherhood and family planning services. It will also focus on preventing female genital mutilation and other harmful traditional practices and limiting the spread of sexually transmitted diseases (STDs), including HIV/AIDS. UNFPA will support the further integration of population issues into development planning. The programme will contribute to national objectives, targeted for the year 2000, of reducing maternal and infant mortality rates, increasing and improving reproductive health services, enhancing mass information campaigns on contraceptive use targeted at rural populations, and increasing the contraceptive prevalence rate.

4. All activities under the proposed programme, as in all UNFPA-assisted activities, would be undertaken in accordance with the principles and objectives of the Programme of Action of the International Conference on Population and Development (ICPD), which was endorsed by the General Assembly through its resolution 49/128.

Background

5. With almost half of its population under the age of 15, Burkina Faso's 1996 population of 10.6 million is expected to double in 30 years. The total fertility rate is 6.0 children per woman, but the rate is higher in rural than in urban areas. Girls marry at an average age of 18.8 years but, again, the

/...

age is younger in certain regions. Rapid population growth is putting a great strain on this landlocked and extremely poor country's limited natural resources and economic well-being.

6. Reproductive health indicators remain a cause for concern: prenatal and obstetric coverages are low (46 and 26.8 per cent, respectively), and in 1994, only 22.8 per cent of children under the age of 12 months were registered for medical consultations. The spread of STDs, including HIV/AIDS, is increasing, particularly among the young. These unfavourable health indicators are attributable to poverty and lack of access to health facilities. Furthermore, existing facilities frequently lack reproductive health services, including family planning. Although the country's first in-school sex education programme was developed as far back as 1976, adolescent sexual health needs are inadequately addressed in terms of counselling and services. Harmful traditional practices, including female genital mutilation, are prevalent, and legislation favourable to women has not been successfully implemented. In economic, political and social arenas, women continue to suffer from discrimination. School enrolment and literacy rates are low, particularly for girls and women.

7. Burkina Faso is among the least developed countries in the world; its per capita gross national product (GNP) is \$300. More than 60 ethnic groups make the country a melting pot of diverse cultures and a challenge for cultural outreach. A recent survey indicated that 45 per cent of the population lives below the officially established poverty level. Economic performance depends on irregular rainfall and unfavourable terms of trade. Despite the large share of public expenditure devoted to social sectors (23 per cent in 1995), access to basic services is very limited. The political will to promote equality and improve the status of women is strong, as demonstrated by the adoption of population policies and favourable legislation. The Government endorsed the conclusions of the ICPD and is attempting to incorporate them in evolving national policies. The national health system is mandated to offer reproductive health and family planning services, yet these efforts are offset by low levels of public awareness, education and resources.

Previous UNFPA assistance

8. The Fund's third programme, from 1992-1996, aimed to reduce the adolescent pregnancy rate, increase awareness of population issues, enhance national capacity for demographic data collection and analysis, and improve the overall status of women. The programme was hampered by structural obstacles and delays stemming from the country's decentralization process. The obstacles included a dearth of reliable data for planning and evaluation, inadequate human resources assigned to projects, which was then worsened by a high turnover rate, and weak national coordination mechanisms for the population programme and for implementation of the strategy to improve the status of women.

9. Despite these obstacles, the programme achieved many of its objectives. In the ten provinces where UNFPA was involved, maternal and child health and family planning indicators -- including the contraceptive prevalence rate -- improved markedly in comparison with the rest of the country.

/...

Awareness of population issues among top-level governmental authorities increased so that development policies now take population into account. The Fund's advocacy efforts resulted in greater participation by NGOs and community based organizations (CBOs) in national population efforts as well as increased resources for population activities. The programme also resulted in the institutionalization of population and family life education in secondary schools and its introduction in primary schools, the informal education system, and literacy campaigns. It strengthened the institutional and technical capacities of 275 health facilities. Several thousand teachers and population managers were trained in population-related issues. Programme-relevant investigations were conducted and national execution -- a recent modality in the country -- was encouraged.

10. The programme did not achieve its goal of increasing the national contraceptive prevalence rate from 6.6 per cent to 22 per cent. The Fund's objective proved unrealistic, especially since it was not predicated on good baseline data and UNFPA activities were limited to only ten provinces while the objective was cast in national terms. From the experiences during the third programme, it is clear that future programmes should be planned on the basis of reliable and appropriate data. Another lesson learned is the importance of coordinating the programme with the country's decentralization process, especially within the Ministry of Health. The Fund's work should also be complementary to other donor inputs. There is clear need for a comprehensive national reproductive health programme, and advocacy should focus on that. The country's institutional mechanisms for coordinating the national population programme should be reviewed and enhanced. The trend toward national execution has contributed to enhancing national capacities and to reinforcing a sense of national ownership and must therefore be continued.

Other external assistance

11. Burkina Faso is a priority country for development assistance. Donors in population and related fields have included, until its departure in 1995, the United States Agency for International Development (USAID), the World Bank, the European Union, the United Nations specialized agencies and the African Development Bank (ADB). Canada, France, Germany, the Netherlands and several international and national NGOs also fund related activities. The Government, in consultation with the Health Donors Committee -- of which UNFPA is an active member -- is in the process of defining a new strategy for improving health services, decentralizing management, and increasing community involvement. The Fund has developed the proposed programme in complementarity with other donors. For example, while the European Union will provide management training and essential drugs, UNFPA will emphasize training in reproductive health and the gender perspective and will provide contraceptives.

12. UNFPA is the only donor with a comprehensive approach to population issues and with the flexibility to develop all components of reproductive health, including family planning and sexual health. Other donors concentrate on highly specific areas such as infrastructure, training, or

/...

contraceptive supply. UNFPA has also developed a high-level policy dialogue and a good working relationship with government officials who appreciate the Fund's ability to assist on population and development issues within the ICPD context. Based on comparative advantage and mandate, the Fund will participate in primary health care and basic education projects developed within the context of the Joint Consultative Group on Policy. For the period of the next programme cycle, the Government envisages the development of a framework of action for all its development partners in the population field and has requested the support of UNFPA as the lead agency for its elaboration.

Proposed programme

13. The UNFPA programme is primarily concerned with institutionalization and sustainability of population activities. While complementing other donor inputs, the programme will emphasize expansion and improvement of reproductive health services. It will also support the selected reinforcement of interventions in population and development strategies. In terms of advocacy, it will aim to establish a better overall environment for reproductive health activities. The programme will focus on and contribute to achieving national technical sustainability by increasing the supply of trained personnel and fostering the programme approach.

14. Reproductive health. The programme's strategy in the area of reproductive health is to increase and improve the quality of services and expand the number of facilities offering reproductive health services, focusing on rural areas. It will seek to expand the number of basic Ministry of Health facilities that offer reproductive health services from 468 to 677. The programme will also seek to create at least 250 new NGO and CBO reproductive health service points, especially in rural areas. It will work to increase from 2 to 10 the number of centres offering adolescent reproductive health services as well as to make the entire health system more responsive to adolescent needs in this regard. It will seek to raise awareness of the harmful health effects of traditional practices, in particular of female circumcision, in order to reduce their incidence.

15. Working with other partners, especially the World Health Organization (WHO), the Fund will help the Government in formulating a comprehensive reproductive health programme and an attendant human resource development plan, introducing reproductive health into the curricula of all health personnel training institutions and into supervision guidelines. In collaboration with the World Bank and other development partners, the programme will expand and improve reproductive health services and contribute towards the decentralization of the health management system. Specifically, it will aim to improve the system of identifying and referring high-risk pregnancies and abnormal deliveries and improve technical standards and the capacity to manage referred cases. The programme will reinforce technical and institutional capacities in coordination with the decentralization process, Government investment and other donor support. It will focus on diversifying the modes of delivery of family planning services in order to respond better to regional and cultural differences and in making available a wider range of contraceptives.

/...

16. In addition, cultural research will be carried out to develop more focused and relevant information, education and communication (IEC) messages. The programme will support IEC efforts to promote the use of reproductive health services and to promote responsible sexual behaviour, particularly among young people and men. IEC activities will further aim to prevent STDs and lower the incidence of female circumcision. UNFPA will also support operational research to identify the training needs of health personnel, the incidence of STDs among adolescents, and the need for other programme-relevant assessments. Institutional and technical support will be provided to the national coordination unit of reproductive health activities in order to enhance its strategic planning, management and evaluation capacities. The programme will continue to integrate information to promote reproductive health into informal education and literacy campaigns.

17. Population and development strategies. In the area of population and development, the programme will focus on the lack of general awareness of the interrelationship between population and development as well as insufficient integration, at the administrative level, of population and gender issues into sectoral and regional development plans and programmes. Recognizing the importance of developing Burkina Faso's mechanisms for coordinating and monitoring the implementation of its population policy and strategy for enhancing the role of women in development, the programme will help strengthen the institutional and technical capacities of planning and coordinating agencies at all levels. The programme will also contribute towards the adoption of an updated National Population Policy, after additional revision based on the 1996 census, and the development of a new implementation plan.

18. The proposed programme will strengthen the technical and institutional capacities of governmental and non-governmental structures at central and regional levels involved in the design and implementation of policies. It will also strengthen national data collection structures to provide baseline data and to deal with demographic variables and operational research. Improved data will enable government agencies and other organizations to focus activities on the individuals and grass-roots communities most in need. The programme will increase awareness of population and gender issues through seminars and workshops, use of radio broadcasts and by continuing its efforts to extend population education to primary schools. It will assist the Government with its review of multisectoral strategies for the promotion of women.

19. Advocacy. The proposed programme will assist the Government in addressing such challenges as the limited awareness of national population objectives and inadequate operationalization of the country's implementation plan; limited enforcement of legislation in favour of women; and the lack of involvement of religious and traditional leaders in population- and gender-related issues. To address these problems, the programme will assist in establishing an advocacy framework, networks and partnerships for national political and financial support and commitment to population activities. The programme will help the Government extend the favourable

/...

environment for population and reproductive health issues found among top-level officials to other decision makers, parliamentarians, local elected officials, religious groups and traditional leaders.

20. In order to enhance the understanding of legislation in favour of women, including the eventual elimination of harmful traditional practices, the Fund will encourage the support of magistrates, local elected officials, administrative agents, traditional leaders and religious groups. It will provide support for information and training workshops on population and gender issues for religious and community leaders and community counsellors. The Fund will continue to assist national groups such as the national network of women ministers and parliamentarians as well as NGOs and other associations to help them to create greater awareness and commitment on population issues and on the rights of women. The programme will focus on the incorporation of population and gender perspectives into those development policies where they are not yet included as well as in all associated sectoral and regional plans and programmes of action.

Implementation, monitoring, evaluation and coordination

21. UNFPA's programme will be executed by various governmental agencies, United Nations specialized agencies, national and international NGOs and UNFPA. National experts will be assigned to programmes to provide on-site management and technical support. Monitoring and evaluation will be carried out in accordance with UNFPA guidelines and will include project reports, tripartite reviews and annual programme review meetings. The programme management team, comprised of managers of UNFPA-supported projects and technical advisers, will continue to meet quarterly to foster a programme approach. Biannual joint field visits will be conducted. A mid-term programme review will be held in 1998 in conjunction with the Country Strategy Note's mid-term review. Training for project personnel in monitoring, evaluation and financial procedures will be supported jointly with Government units in charge of national execution. Programme coordination will primarily be the responsibility of the Government through the Steering Committee set up for ICPD follow-up and for the UNFPA programme. UNFPA will support and contribute to these efforts through its participation in all relevant coordinating bodies including the Resident Coordinator system, donor consultation committees and round tables.

Recommendation

22. The Executive Director recommends that the Executive Board approve the programme of assistance to Burkina Faso, as outlined above, in the amount of \$10.3 million over the period 1997-2000, of which \$8.8 million would be programmed from its regular resources, to the extent such resources are available. UNFPA would seek to provide the balance of \$1.5 million from multi-bilateral and/or other, including regular, resources to the extent possible, consistent with Executive Board decision 96/15 on the allocation of UNFPA resources.
